

| POSITION                  | INITIALS  | ID NO.       | DATE          |
|---------------------------|-----------|--------------|---------------|
| FEE DETERMINATION         | <i>ls</i> |              |               |
| O.I.P.E. CLASSIFIER       |           | 8            | 4/28<br>5-800 |
| FORMALITY REVIEW          |           |              |               |
| RESPONSE FORMALITY REVIEW |           | <i>60574</i> | <i>7-6016</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here